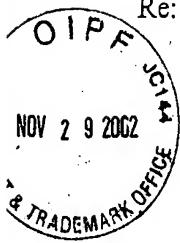


UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Bennett M. CELSA Art Unit: 1627
 Re: Application of: Ronald M. BURCH, et al.
 Serial No.: 09/154,354
 Filed: September 17, 1998
 For: ANALGESIC COMBINATION OF
 OXYCODONE AND ROFECOXIB



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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 C.F.R. §1.56

Box: ISSUE FEE
 Assistant Commissioner for Patents
 Washington, D.C. 20231

October 1, 2002

Sir:

Applicants hereby make of record the reference cited on the attached Form PTO-1449 and Appendix A, which is an amendment of the Statement of Grounds and Particulars in support of Opposition previously submitted in the Information Disclosure Statement filed September 13, 2002.

The Pharmacia Corporation, the Opponent of the corresponding Australian application requested amendment of their Statement to include a further document (referenced in the Statement as 38D). A marked-up copy of the Statement showing the amendments is attached as Appendix A, and the further document is cited as reference AA in the attached PTO-1449 Form.

This Information Disclosure Statement and accompanying Form PTO-1449 are being filed after a notice of allowance under §1.311 but before the payment of the issue fee in accordance with C.F.R. §§ 1.97(d) and 1.97(e).

In accordance with C.F.R. § 1.97(e)(2), it is stated that no item of information contained in the Information Disclosure Statement filed herewith was cited in a communication from a foreign patent office in a counterpart foreign application, and, to my knowledge after making reasonable inquiry, no item of information contained in this Information Disclosure Statement

was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Information Disclosure Statement.

A check in the amount of \$180.00 is enclosed to satisfy the fee requirement due under 1.17(p) for filing this Information Disclosure Statement.

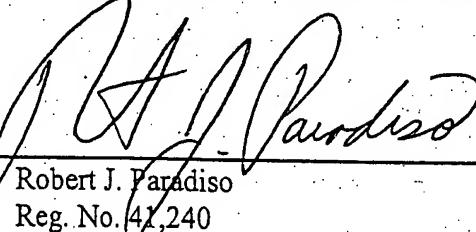
It is respectfully requested that the reference cited in the accompanying Form PTO-1449 be considered by the Examiner and made of record. If this reference is found to be missing, the Examiner is requested to contact the undersigned so that a copy may be promptly forwarded.

In the event any additional fee is due or overpayment made in connection with the filing of this Information Disclosure Statement, the Assistant Commissioner is hereby authorized to charge said deficiency or credit overpayment to our Deposit Account No. 50-0552.

Respectfully Submitted,

DAVIDSON, DAVIDSON & KAPPEL, LLC

By:


Robert J. Paradiso
Reg. No. 41,240

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